

General Permit #5 "Discharge From Mining and Processing Facilities" Annual Monitoring Report

Site Name:

Authorization #

Permittee:

Permit Numeric Effluent Limitations:

| Parameter | 30-Day Average | Daily Maximum | Unit of Measure |
|-------------------------------------|----------------|---------------|-----------------------------|
| Total Suspended Solids (TSS) | 30 | 45 | mg/L (concentration) |
| Parameter | minimum | maximum | |
| pH | 6.0 | 9.0 | standard units |

If the sample test result for a specific month is greater than the numeric effluent limitation, operational changes should be made and repeat tests conducted until results show compliance.
All analysis data must be reported whether in compliance or noncompliance with permit limits.

| Year | Outfall 001 | | | | Outfall 002 | | | | Outfall 003 | | | |
|-----------|-------------|---------|---------|----|-------------|---------|---------|----|-------------|---------|---------|----|
| | Date | TSS | | pH | Date | TSS | | pH | Date | TSS | | pH |
| | | average | maximum | | | average | maximum | | | average | maximum | |
| January | | | | | | | | | | | | |
| February | | | | | | | | | | | | |
| March | | | | | | | | | | | | |
| April | | | | | | | | | | | | |
| May | | | | | | | | | | | | |
| June | | | | | | | | | | | | |
| July | | | | | | | | | | | | |
| August | | | | | | | | | | | | |
| September | | | | | | | | | | | | |
| October | | | | | | | | | | | | |
| November | | | | | | | | | | | | |
| December | | | | | | | | | | | | |

Submit by January 15 for previous year to : Wastewater Section, Iowa Department of Natural Resources, Wallace Building, 502 E. 9th Street, Des Moines, Iowa 50319.

I swear that, to the extent of my knowledge, all data entered on this form is representative and accurate:

Signature: _____

Title:

Date:

Instructions for Filing Annual Discharge Monitoring Report:

Site Name: Facility site name - enter the common use name of the quarry or pit as on the authorization page of General Permit #5 (e.g. Dallas Quarry, Buck Pit).

Authorization Number: Number denoted as "IAG140xxx" on the authorization page of GP #5.

Permittee: Operator as on the authorization page of GP#5. This is not the land owner.

Year: This is the calendar year of permit coverage. The permit years will be 2001 through 2005.

Date: Date sample is taken. Not the date that you receive the analysis results from the lab.

TSS: Total Suspended Solids samples shall be analyzed by a certified laboratory.

- * If one value is obtained and it is within the permit limit of 30 mg/L or less, report this value in both the average TSS and maximum TSS columns for the month that the sample was taken in.

- * If the sample value is less than 45 mg/L but greater than 30 mg/L, make operational changes to decrease solids discharged. Repeat TSS sampling and analysis. Continue to repeat until the average of all test results for that month are less than 30 mg/L.

Report maximum sample value and the average of all the analyses results for the month.

- * If the sample analysis value is greater than 45 mg/L, report the noncompliance to the Field Office (General Permit #5 Standard Condition 14), make operational changes and repeat sampling and analysis. Report maximum value and the average of all analyses results for the month. Always make operational changes to decrease solids discharged before re-sampling.

pH: Value shall be obtained from a grab sample and pH measured on site.

Collect data for each discharge point as necessary.

For discharges resulting from quarry dewatering a representative sample shall be collected at least annually.

For discharges resulting from washing of material or a combination of wash water and quarry dewatering the discharge shall be sampled at least monthly.

If you DO NOT DISCHARGE during the calendar year, you MUST still SUBMIT an Annual Monitoring Report. You must enter the Site Name, Authorization #, Permittee Name. You must sign and date the report. Put a large X in the outfall 001 box and write NO DISCHARGE across the bottom of the page.

Signatory requirements: Each record of operation shall contain the signature of a duly authorized representative of the corporation, partnership or sole proprietorship, municipality, or public facility which has proprietorship of the wastewater treatment or disposal system.

Send Annual Monitoring Report by January 15 of each year (for the previous year's data) to the Wastewater Section - IDNR, 502 E. 9th St., Des Moines, IA 50319